

RAYMOND GREEN, M.D.
SOUTH MAIN ST.
HEBER CITY, UTAH 84032

Project: Strawberry Valley

Season:

Date Done:

- | | | | |
|----|---------------|--------|-----------------------|
| 1. | Bull | Spring | 9. Canyon Appg |
| 2. | Jereman | " | 10 chicken " |
| 3. | Sugar | " | 11. Balaam " |
| 4. | Indian | " | 12. Post " |
| 5. | Atuking | " | 13. water " |
| 6. | Bosier | " | 14. 13 year men 2 spg |
| 7. | Banyo | " | |
| 8. | shady | " | |
| 9. | many un-named | | |

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DR. R. R. GREEN
375 E. 2ND STREET
HEBER CITY, UTAH
84032

Done:

Form 4-2-82

RECEIPT OF INDIVIDUAL FOR CHILD

I, _____, being authorized
(name of individual)
by the parents of _____, to receive
(name of child)
their child, do hereby acknowledge receipt from _____
Hospital of _____
(name of child)

27/10/2022
27/10/2022